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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	9.867850
	Filing Date	5/29/01
	First Named Inventor	ROBERT GARY
	Title	
	Art Unit	
	Examiner Name	
Attorney Docket Number		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

26582

OR

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ATTN: Bob DELEONARDIS

<input checked="" type="checkbox"/> Firm or Individual Name	OBJECTIVE SYSTEMS INTEGRATORS, INC.				
Address	1101 CREEKSIDE RIDGE DRIVE, STE 200				
City	ROSEVILLE	State	CA	Zip	95678
Country	USA				
Telephone	916 872-6700	Email			

I am the:

☐ Applicant/Inventor

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE OF Applicant or Assignee of Record		Date	6/6/09
Signature	APPLICANT	Date	6/6/09
Name	54512 THAILAND	Telephone	91 98 470 7336-6
Title and Company	PRESIDENT, SPIT PUT LTD		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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